

Foster Family Home - Corrective Action Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

Review ID: 1-090084-5

94-835 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/17/2018

End Date: 4/17/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 4/17/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date